

Targeted intra-arterial gemcitabine vs. continuation of IV gemcitabine plus nab-paclitaxel following induction with sequential IV gemcitabine plus nab-paclitaxel and radiotherapy for unresectable locally advanced pancreatic cancer (TIGeR-PaC): A randomized phase 3 multicenter study

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BACKGROUND

Prognosis for locally advanced pancreatic cancer (LAPC) remains dismal despite advances in cancer therapy.

Local disease control is important in these patients beyond systemic therapies:

- Localized dual-balloon-mediated delivery of intra-arterial gemcitabine (IAG) was demonstrated to be safe in this patient population¹

TIGeR-PaC is an ongoing phase III clinical trial (NCT03257033ⁱ) comparing the efficacy of IAG to the standard-of-care IV gemcitabine/nab-paclitaxel (GN) for patients with LAPC.

Measuring survival outcome as the primary endpoint, TIGeR-PaC is composed of 3 phases:

- Induction phase
- Randomized treatment
- Continuation therapy

DESIGN

SCREEN

- LAPC diagnosed within 6 weeks
- ECOG 0-1

INDUCTION

- 3 cycles of GN
- 1 cycle of radiation (per site preference)
 - IMRT 50 Gy in 25 fractions with concurrent capecitabine, or
 - SBRT 33 Gy in 5 fractions

RANDOMIZED TREATMENT

Patients without progressive disease (PD) receive:

- IAG (8 bi-weekly treatments), or
- GN (4 cycles)

CONTINUATION THERAPY

Per investigator's preference, patients without PD receive:

- GN (until PD), or
- Capecitabine (until PD)

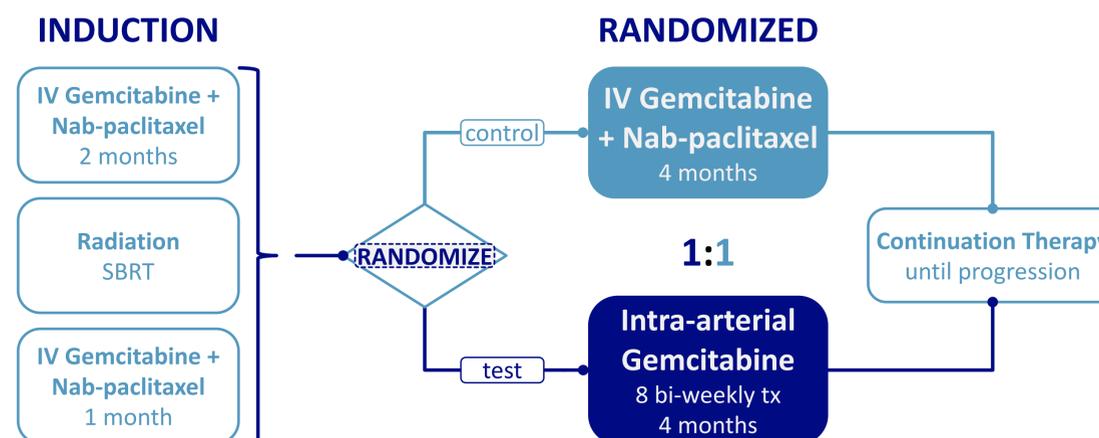
SURVIVAL

Patients with PD at any point post-randomization are followed for survival only

- 1° endpoint is overall survival; 80% power to detect a hazard ratio of 0.6 between both arms

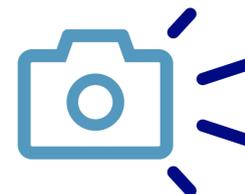
OVERVIEW

The phase III clinical trial, TIGeR-PaCⁱ, is investigating the benefits of IAG compared to SoC IVG in LAPC patients



- Decision to remove IMRT radiation due to observed differences in toxicity vs. SBRT

¹Rosemergy AS, Ross SB, Vitulli PL, Malek R, Li J, Agah R. Safety Study of Targeted and Localized Intra-Arterial Delivery of Gemcitabine in Patients with Locally Advanced Pancreatic Adenocarcinoma. *J Pancreat Cancer*. 2017;3(1):58-65. Published 2017 Aug 1. PMID: 30631844



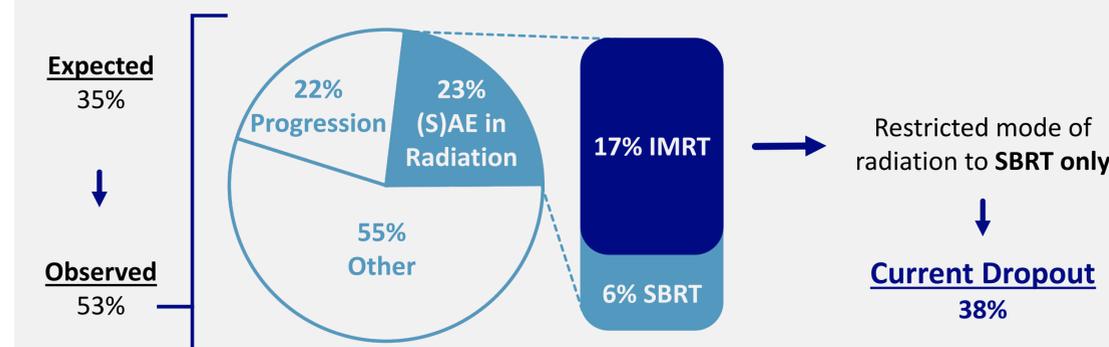
UPDATE/CURRENT

ENROLLMENT

As of September 1, 2022:

- 189 patients enrolled

INDUCTION DROPOUT



We modified the protocol December 2021 to address disproportional, radiation-associated induction dropout rates in patients receiving IMRT. Following this amendment, our current dropout rate decreased from 53% to 38%.

RANDOMIZATION

As of December 21, 2022:

- 47 patients randomized following induction with SBRT only

SAFETY

There was no difference in adverse event, serious (SAE) or not, between the 2 arms (20% in each), with the most common SAE being gastrointestinal related for both arms.

FUTURE

INTERIM ANALYSIS

Planned at 26 events. As of December 21, 2022, TIGeR-PaC has:

- 25 events